Challenge TB - Democratic Republic of Congo
Year 2

Quarterly Monitoring Report

April-June 2016

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Cover photo: Training of laboratory technicians in a CPLT in Maniema, May 2016 (credit: Dr Pascal Kemaina)

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1. Quarterly Overview

Country	Democratic Republic of Congo (DRC)
Lead Partner	International Union Against Tuberculosis and Lung Disease (The Union)
Other partners	Management Sciences for Health (MSH)
Work plan timeframe	October 2015 – September 2016
Reporting period	April-June2016

Most significant achievements:

1. **TB case detection was continued in 70 private health facilities**. These health facilities were assessed and staff training was conducted in APA1, and were regularly supervised during APA2. A total of 879 TB cases (all forms) were detected, 266 in Q1, 201 in Q2 and 412 in Q3.

2. **The sample transportation system for Xpert testing in the 7 CTB-supported CPLTs continued.** Sputum samples were transported with the Challenge TB (CTB) support from the diagnostic treatment centers "centre de diagnostic et de traitement" (CDST) to the provincial coordinations (coordination provinciale de lutte contre la lèpre et la tuberculose (CPLT) to be tested by Xpert and from CPLTs to the National Reference Laboratory (NRL) to be tested by culture. To date 1,907 samples were transported in the 7 CTB-supported CPLTs. In Q3, 975 samples were transported for Xpert examination. Among the 1,155 presumed MDR-TB patients, 975 (84%, 975/1,155) were tested of which 206 (21%, 206/975) were confirmed *MTBc* of which 33 (16%, 33/206) were rifampicin-resistance (RR-TB). Four RR-TB samples were found in new cases and 29 were retreatment cases. To date, 23 started treatment and 10 were waiting for the initial biological test.

3. **The chief of DRC National Reference Laboratory** attended the CTB Laboratory Capacity Building Workshop, held in The Hague on June 27, 2016 and consequently an improvement will be expected in LNR results.

4. **Active TB case finding activities by the four local partner non-governmental organizations (NGOs) continued.** 50,043 persons were sensitized and screened for TB using NGOs questionnaire. Among them, 5,998 (12%) presumed TB cases were identified depending on symptom questionnaire and referred to health facilities to be tested by smear examination during Q3. A total of 1,026 patients (17%, 1,026/5,998) were diagnosed with TB (all forms: 826 bacteriologically confirm 81%: 826/1,026, 104 clinically confirm and 96 extra pulmonary). This performance can be explained by the NGOs, formative supervisions, clear geographical covered by each NGO (to avoid duplication) and motivation fees payment. All local NGOs, namely "Ambassadeurs de lutte contre la tuberculose" (ALTB), Femme plus (FP), "Club des Amis Damien" (CAD) and "Ligue nationale antituberculeuse et antilèpreuse du Congo" (LNAC) managed to increase the number of TB cases detected through the activities in Q3.

Table 1: Active TB case finding activities by the four NGOs in Q1, Q2 and Q3 in APA 2

	Q1		Q2		Q3		Q1+Q2+Q3	
NGO	# samples	# (%) TB cases	# samples	# (%) TB cases	# samples	# (%) TB cases	# samples	# (%) TB cases
FP	385	40 (10)	267	48 (18)	589	155 (26)	1,241	243 (19)
ALTB	1,269	154 (12)	1,368	164 (12)	2,504	264 (11)	5,141	582 (11)
CAD	1,208	279 (23)	239	122 (51)	776	270(35)	2,223	671 (30)

LNAC	1,203	267 (22)	277	75 (27)	2,129	337(16)	3,609	679 (19)
Total	**4,065**	**740 (18)**	**2,151**	**409 (19)**	**5,998**	**1,026 (17)**	**12,214**	**2,175 (18)**

5. The long search for a Deputy Country Director was completed when the Senior Program Officer, Tatiana Sanda, started on June 20, 2016. The Union is grateful for the solution that was developed after numerous and lengthy consultations between the key stakeholders.

This position senior program officer replaced the cancel of Deputy Country director

Technical/administrative challenges and actions to overcome them:

- **The Medical Focal Point for Mbuji Mayi and the Junior Monitoring and Evaluation Officer resigned in May and June 2016, respectively.** The country office has initiated recruitment to fill the positions, as well as that of Senior Monitoring and Evaluation Officer that became vacant as a result of the incumbent being promoted to the Senior Program Officer position.

- **A delay in starting second line (SL) treatment for MDR-TB patients identified in Q3.** In the 7 CTB-supported CPLTs, out of 33 MDR-TB patients, only 23 (70%) were started on treatment. The SL drugs were available at the central level; however, the health workers ordered them only after receiving the results of the patients' initial assessment (electrocardiograph, audiometry and biological tests). To decrease this delay new recommendation was made: Start the second line treatment without initial biological test if no available if no clinical signs of comorbidity has been identified, each CPLT has been provided with the SL drugs as a buffer stock to begin the treatment as early as possible in these patients. In this way, it is expected that the proportion of patients will be increased, their survival ensured and further transmission reduced.

Year 2 activity progress

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Finalize the National Laboratory Strategic Plan (NLSP) and its Operational Plan	2.1.1		Workshop done LTTA STTA		Report of the workshop available	-Workshop (3F, 12M) to further develop and review from April 29 to May 2, 2016. - NLSP to be presented to the NTP was finalized with the support of KNCV technical adviser.	**Met**	NTP will approve the NLSP and its operational plan by July 31, 2016
Set up accreditation process for the reference laboratories and PRLs based on Laboratory Quality Management System (LQMS)	2.2.1		National Laboratory Reference (NLR) assessment by STTA done		STTA report available and NRL assessment done	National Reference Laboratory (NRL)) assessment to set up accreditation process for laboratories by STTA not done	**Not met**	Deferred to Q4 to be provided in collaboration of SADC accreditation process A conference held on June 1, 2016 with SADC team to explain the accreditation process with the SLNTTA norm (or ISO 15189) the NTP was engage in this process. Another meeting is planned with the LNR responsible on August
Assess microscopy network based on check list of the 11 GLI-approved standards in order to identify the actions required to improve it and obtain its accreditation	2.2.2		STTA and Workshop done		Microscopy network assessment done	STTA and Workshop not done	**Not met**	This activity did not take place as planned due to the delay of finalized NLSP and it is planned for Q4.

Maintenance of equipment at the NRL and PRLs	2.3.1	Preventive and curative maintenance done		Preventive and curative maintenance done	Maintenance report available	Preventive and curative maintenance was provided for the NRL by "Fournimed" during the period of May 3 to 31, 2016. Preventive maintenance covered the following equipment: inspissators, water baths, plate warmers, scales, hot plates, centrifuges, autoclaves, extractor hoods and incubators in NRL. Curative maintenance covered incubators, inspissators, plate warmers for microscopy slides in NLR The quality of this service was much appreciated by NLR staff.	**Partially met**	The maintenance for the provincial laboratory in Lubumbashi planned in Q4 (from 7 to 17, July 2016)
Revise the national laboratory guidelines and Xpert algorithm in line with the latest global recommendations	2.3.2	Guidelines printed and distributed	548 laboratory technicians (LTs) trained	Guidelines printed and distributed	Laboratory guidelines and training report available	-1,000 Laboratory guidelines are being printed and will be distributed on June 20-26, 2016 with an average of one guideline for each CSDT. All planned training sessions were conducted in the 7 CTB-supported CPLTs (April to June 25, 2016). In Q3, 410 additional laboratory technicians from the CSDTs (29 F and 381 M) were trained (142 trained in Q2). The trainers were lab	**Met**	The following are the main challenges to improvement of performance of sputum microscopy services in the CDSTs: - Poor quality microscopes used in some CDSTs should be replaced; – Weak slide coloration to be remedied through provision of reagent kits to all laboratories so that reagents can be prepared on site; -On-job training of laboratories technicians during support supervision is always useful to

						technician in the provincial level. Training reports are available. -Results of the external quality control (EQC) provided in Q3: 74% of CSDTs (477/646) participated; 63% were performing satisfactorily (307/477) and 36% (170/477) failed EQC. (false negatives and positives) These results will be used as a baseline for the future comparison.		reinforce their skills.
Transport 3,600 sputum samples for MDR-TB cases (for diagnosis and control) from CSDTs to culture or GeneXpert laboratories	2.3.3	Transport of 1,200 samples done	Transport of 1,200 amples done	Transport of 1,200 samples done	Final report available	In the 7 CTB-supported CPLTs: a total of 2,233 samples were transported out of the 3,600 planned in the 3 quarters (62%: 2,233/3,600). In Q3, 1,101 samples were transported, 975 for diagnosis by Xpert test, and 26 for culture and 100 for treatment monitoring: - It is noteworthy that South Kivu and Kasai Oriental Sud transported 70% of all samples (776/1,101). - The sputum transportation system is particularly weak in Kasai Occidental Ouest (5%:56/1,101) and	**Partially met**	The sputum transportation systems in Kasai Occidental Ouest and Maniema will be further investigated in Q4 to see how the systems in these two provinces can be improved

						Maniema (4 %: 46/1,101).		
Purchase three solar kits for the 3 CPLTs and one converter	2.3.4	3 Solar kits and cartridges ordered	Equipment in place		Equipment in place functioning with data report available	-3 solar kits were installed by the "Solar regular Energy" engineer: Lodja (May 21 to 28, 2016), Lisala (May 26 to June 2, 2016), and Tshikapa (June 2 to 6, 2016). 8,500 Xpert cartridges were received on May 25, 2016 and distributed to the 7 CPLTs. In summary, of the 975 samples tested by Xpert in the 7 CPLTs, 138 (14%) were tested in the 3 sites (Lodja, Lisala and Tshikapa) after installation of the solar kit.	**Met**	
3.Industrial solar kit provided for NRL	2.3.5	Industrial Solar kit ordered	Solar kit functional		Machines in place, functional and report available	Industrial Solar kit was installed in April 2016 and is functional and can power all equipment, particularly hot class3, coagulator, centrifuge, autoclave Report is available	**Met**	

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Increase TB detection by private health facilities	3.1.1	1. Visit by the central unit done in 4 CPLTs 2. Visit of 6 private CDSTs in each CPLT done	1. Visit by the central unit done in 3 CPLTs 2. Visit of 6 private CDSTs in each CPLT done	1. Visit by the central unit done in 4 CPLTs 2. visit of 6 private CDSTs in each CPLT done	All planned visits done and reports available	-107% achievement; 16/15 planned visits have been carried out by NTP and CTB staff since the beginning of APA2: 2 in Kasai Occidental Est (KOE), 3 in Kasai Oriental Sud (KORS), 3 in Maniema (MNM), 2 in Kasai Occidental Ouest (KOO), 2 in Equateur Est (EQE), 2 in Sankuru (SKR), and 2 in Sud Kivu (SKV). - 4 visits were carried during Q1 and 7 during Q2 and 5 during Q3. -All new private sites identified during APA1 were visited; some even received two visits in the quarter (including CPLT doctors visiting the 6 private CDSTs in Q3). -Presumptive TB cases were identified and referred to the CSDTs for diagnosis. -DOT is not always provided and will be strengthened. **From Q1 to Q3** A total of 879 TB cases were detected in the 70 health facilities where staffs have been trained.	**Met**	Certain separate visit was provided in Maniema and Kasai oriental Approximately 80% of presumed TB cases were tested using sputum microscopy. The detection could be improved by strengthening the sample transportation system.

						(266 in Q1, 201 in Q2 and 412 in Q3). More TB cases were detected in Q3 (412 TB cases) compared with the previous quarters.		
Increase TB detection in children	3.1.3	Two follow-up visits done in 2 CPLTs previously trained, and one day medical conference	One workshop done in 2 CPLTs One Data analysis done in the 2 CPLTs that were followed up in Q1 TB pediatric guideline printed	One workshop done in 1 CPLT Follow up visit done in 4 CPLTs where training was previously done and one day medical conference	Workshop done in the 3 CPLTs (6 CSDTs in each CPLT), Report on data analysis of childhood TB Follow up in 4 CPLTs	Follow up visits to two CPLTs Kasai Oriental and Maniema where staffs were previously trained were done in Q3. -The data analysis from 8 health facilities trained in childhood TB showed an increase of cases from 61 (in Q4/APA1, before training) to 119 TB cases in Q2 and then a decrease to 87 in Q3. - The X-Ray unit in Lukalaba HGR has been installed in March 2016, and is functional since then. -1,000 copies of the childhood TB guidelines are being printed and they are expected to be ready for distribution by April 3, 2016 - Training in South Kivu and Kasai Occidental was not provided in Q3.	**Partially met**	Childhood TB training will be expanded by the NTP to all CPLTs. The training in South Kivu and Kasaï Occidental will to be done by NTP in August 2016, and CTB will contribute only by supporting the fees (travelling cost and per diem) of 40 participants for these 2 training.
Active TB case finding in 3 prisons (CSDT near the prison) in the following CPLTs: KORS (Muene ditu), KOO (Tshikapa),	**3.1.4**	TB detection result in Mbuji Mayi Prison	Supervision done in Mbuji Mayi Prison	TB detection result available in prisoners	Report on TB screening among prisoners available	- Supervision visits were done to 5 prisons, including Mbuji Mayi, Tshikapa, Muene ditu, Kananga and Lisala. -A total of 4,138 prisoners	**Met**	According to the data analysis provided by the STTA for risk prioritization in June 2016, the relative risk of TB in prisons is high and activities for prevention and care need to be discussed

KOE (Kananga)				done 2.Supervision done in the 3 prisons 3.Data analysis of TB in prison done		are screened quarterly and 34 cases (0.8%) (14 TB cases at Mbuji Mayi, 6 TB cases at Lisala and 6 TB cases at Tshikapa, 1 TB case at Kananga, and 7 TB cases at South Kivu) were detected and started treatment in Q3. -The number of prisoners decreased in Mbuji Mayi following a decision by the governor taken during the security meeting in April 2016 to decrease infections linked to overcrowding in this prison. - Prisoners with TB were transferred to the Bipumba Hospital with a capacity of 48 beds. -The X ray unit at Kayembe hospital was functional though no prisoners were screened using X-ray because the reagent had expired.		with the NTP and included into the work plan for APA3. The X ray reagent provided by the Global Fund had expired in May 2015 and the hospital purchased the X ray reagent. A major concern is that the prisoners could not be screened because the hospital required payment for the X-ray services.
Training session to guide detection of cases in at-risk group (Activity 6 of the indicator 3.1.1): 4 NGOs, staff CPLTs and CTB	3.1.6		1. STTA done for training	2.NGOs Data analysis done	Reports of STTA and data analysis available-	The STTA for analysis of high risk groups was carried out from June 28, 2016 for two weeks and coordinated by Sandra Kik from KNCV and assisted by Max Meis from KNCV, and professor Nadia Aït-Khaled from The Union. STTA team worked closely through regular skype conference calls with the DRC team: 2 NTP staff and 3 CTB staff.	**Met**	-According to the findings of this analysis, the priority in DRC for active TB case detection should target HIV-positive patients, and prisoners. The Full Mission report will be available in August, 2016 -This type of distant STTA was appreciated by NTP and should be a model to be encouraged in the future, when a country visit is not essential.

						-The algorithms used for each high risk group, the estimated size of each population, the local cost (range) of investigations have been entered in the online WHO risk prioritization tool to determine the estimated cost of one additional TB case detected according to the risk group and algorithm. -Debriefing was done on July 12, 2016 in Q4 (NTP, WHO, CTB, STTA).		- However, it needs involvement of several participants in the country available to work with the consultant at the same time, and sometimes it is not easy to convene conference calls that are attended by all stakeholders.
Support the four local partner NGOs	3.1.7	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR-TB done)	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR-TB done)	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR-TB done)	Report on NGOs support activities available	Report of activities of **Ambassadeurs de lutte contre la Tuberculose du Sud Kivu (ALTB du Sud Kivu)** working in the Province of South Kivu (Bukavu):ie index case through a door-to-door approach among hard-to-reach populationFrom Q1 to Q3, 39,866 persons has been sensitized (18,012 females and 21,854 males), and among them, 582 TB cases were detected. Q3 results of active TB detection: - Screened at home by questionnaire: 18,183 (10,027 M and 8,156 F). - Presumed TB patients Referred to CDSTs: 2,645 (15%, 2,645/18,183).	**Met**	The number of presumed TB cases with sputum samples examined and the number of confirmed smear+ PTB cases were higher in Q3 than in Q1 and Q2 as shown in the table below. ALTB-specific data: Quarter/ # Presumptive Patients TB tested /# (%) ss+ PTB cases (no EPTB) Q1 1,269 154 (12) Q2 1,368 164 (12) Q3 2,504 264 (10) Total 5,141 582 (11)

						- Of them 2,572 were physically referred and for 73 patients sputum samples were collected. - Presumed TB patients examined: among the 2,645 patients referred, 2,517 (95%, 2,517/2,645) were tested: 2,504 by microscopy (99%, 2,504/2,517) and 13 by GeneXpert (0,5%,13/2,517) -Number of pulmonary TB (PTB) patients bacteriologically confirmed: 262 (10%, 262/ 2,517), sex ratio M/F: 1.26 (146/116). -Among them, 261 were detected by microscopy and only 1 by GeneXpert. -Number of PTB smear negative patients: 2 (one male and one female). To reduce the risk of over diagnosis, the quality control of microscopy will be followed-up in Q4. -940 ALTB members staff (371 F and 569 M) were trained by the head of ALTB on May 16 to 20, 2016 in each CSDT on community innovations contained in PATI V		
	3.1.7 (cont.)	NGOs activities (Training, sample transport, nutritional	NGOs activities (Training, sample transport, nutritional	NGOs activities (Training, sample transport, nutritional	Report NGOs activities available	Report on the activities of the **"Club des Amis de Damien (CAD)"** working in two provinces KOO (8 HZ) and EQE (8 HZ): Sensitization of patients in	**Met**	**CAD-specific data:** **# Presumptive Patients TB tested # (%) TB cases all forms** **Q1 1,208 279 (23)** **Q2 239 122 (51)**

		support, TB case detection and MDR-TB done)	support, TB case detection and MDR-TB done)	support, TB case detection and MDR-TB done)		health facilities and CDSTs **From Q1 to Q3**, 630 presumed TB patients referred (176M and 115F). The numbers of presumed TB patients with sputum samples examined and diagnosed TB cases increased in Q3 compared to Q2 as shown in the table in remarks column. This was thought to be due by training members 131 (22F 109M), formative supervision, incentive **During Q3:** -1,976 persons were sensitized and screened (803 M and 1,173 F) 857 presumed TB referred 776 presumed TB tested -270 (35%, 270/776) TB (all forms) cases were detected. - 216 (28%, 216/776) had smear-positive PTB, and 40 smear negative and 14 extra pulmonary TB. All detect TB are on treatment		**Q3 776 270 (35)** **Total 2,223 671 (30)**
	3.1.7 (cont.)	NGOs activities (Training, sample transport, nutritional support, TB case detection	NGOs activities (Training, sample transport, nutritional support, TB case detection	NGOs activities (Training, sample transport, nutritional support, TB case detection	Report NGOs activities available	Report on the activities of the **"Ligue Nationale Anti Lépreuse et Tuberculeuse au Congo (LNAC)** working in two provinces SKR (5 HZ) and KORs (6HZ). Sensitization of key vulnerable populations in specific	**Met**	**# Presumptive Patients TB tested # (%) TB cases (all forms)** **Q1 1,203 267 (22)** **Q2 277 75 (27)**

		and MDR TB) done	and MDR TB) done	and MDR TB) done		settings, such as schools, prisons, poorest areas **From Q1 to Q3**, 3,609 presumptive patients TB were tested, and 679 TB all forms (19%), 679/3,609) were detected. -In Q3 the numbers of samples examined and diagnosed TB cases increased dramatically from 277 to 2,129 and 75 to 337 respectively. This increase was achieved by training 86 members (51F 35M), formative supervision, and providing incentives. -All detected TB cases were started on treatment (table in remarks column). **During Q3:** - 23,626 persons were sensitized (13,038 F and 10,588 M). - 2,445 presumed TB patients were referred: 2,358 for presumed PTB and 87 for presumed EPTB. -Among the 2,358 presumed TB patients, 2,167 were physically referred and 191 sputum has been transported. - Among the 2,445 presumed TB patients all forms referred, 270 smear+ PTB, 25 smear – PTB and 42 EPTB were		**Q3 2,129 337 (16)** **Total 3,609 679 (19)**

						detected.		
	3.1.7 (cont.)	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR TB) done	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR TB) done	NGOs activities (Training, sample transport, nutritional support, TB case detection and MDR TB) done	Report NGOs activities available	Report of activities by **Femmes plus** (FP) working in two provinces: MNM in 3 health zones, and KOE in 4 health zones. Sensitization in health facilities among persons living with HIV, in the FP consultation offices (for symptomatic patients living with HIV) and in the general population **From Q1 to Q3** 1,241 presumptive TB patients were tested, and 243 TB (all forms) were detected (19%, 243/1,241) **During Q3** -6,258 persons were sensitized and screened -646 presumptive TB patients identified were referred to CDSTs 10%, 646/6,258 (620 patients physically referred and 26 patient's sputum samples were transported). - 589 samples from presumed TB patients were tested by microscopy (91%, 589/646). -155 TB cases all forms were identified 26%, 155/589 (78 smear + PTB, 37 smears - PTB, and 40 EP TB).	**Met**	**# Presumptive Patients TB tested # (%) TB all form** **Q1 385 40 (10)** **Q2 267 48 (18)** **Q3 589 155 (26)** **Total 1,241 243(19)**
Capacities reinforcement of the	3.1.8	Support for Action plan		Follow up the NGOs	NGOs action plan and	-The support was provided to the four local partner	**Met**	The next step will be to have another workshop

4 local partner NGOs by an international NGO		and workshop resource mobilization done		action plan	workshop resource mobilization report available	NGOs for development of their 2016 action plans by two local Initiative Inc consultants in Q1 from November 19, 2015 to December 4, 2015. -A meeting with the NGOs board of directors, executive councils and members was held in Kinshasa on June 29, 2016. All NGOs were represented (2M and 6F). -ALTB in South Kivu participated also in the meeting through a skype call. The point of discussion was Exchange of experiences on how the various management NGOs board taking in account the low representation of members of board, it was recommended that another workshop could be held involving all board of director members to define their roles		-to reinforce the board of director's capacities to ensure the CTB project monitoring during Q4. -Work shop for resource mobilization planned on August1, 2016 -
Increase number of confirmed MDR-TB cases	3.1.9	Analysis done in 3 CPLTs, GxAlert software order done Phone	GxAlert functional Support for phone subscripti	Analysis done in 3 CPLTs Support for phone subscriptio n done	Recommenda tions to improve GX utilization Final report on purchase GxAlert software and phone subscription	-Support for phone subscriptions was provided in the 7 CTB-supported CPLTs linking them with the NTP platform; however, GxAlert is not yet functional because the provider was not identified -The NTP MDR-TB staff (Drs Vital Nkake and Fina	**Partially met**	Functional GxAlert software will be in place in Q4. The provider has been identified and it will be Vodacom. 10 patients with confirmed RR-TB are waiting for treatment. The delay was caused by a misunderstanding in kasai

		subscription done 2.Supervision/on job training done in 3 CPLTs	on done	2.supervision/ on job training done in 4 CPLTs done	available Report supervision in the 7 CPLTs	Mawete), the CTB focal point MDR-TB (Dr S. Mbuyi) and the national MDR-TB consultant, Professor Kashongwe visited the CPLTs of Kasai oriental and Maniema from April 28 to May 16, 2016. - The objective of this visit was to launch the MDR-TB 9 months regimen in these 2 CPLTs. -The challenges will be the reinforcement of the detection and management of side effects of second line TB drugs, and weak culture specimen follow up. -10 short regimens were provided at KOR for the 6 MDR-TB patients waiting treatment and the CPLT of were supervised from May 11 to 16, 2016. -From Q1 to Q3 2,287 presumed MDR-TB patients were identified (mostly among retreatment cases) and 82 MDR-TB cases were confirmed by Xpert test. During the Q3, 1,155 presumed MDR-TB cases were identified and 975 samples were tested using Xpert: 975/1,155 (84%) persons with presumed TB had their sputum samples transported		oriental CPLT by a health worker who was waiting the biological test results before starting treatment. . The NTP director has stressed again the importance of an early start of treatment. 30 short MDR-TB treatment courses will be sending to Kasai Oriental on July 11, 2016 during the next supervision visit.

						-975 (100%) of those persons had an Xpert test. - 206 (21%, 206/975) *M. tb* detected - 33 (16%, 33/ 206) confirmed RR-TB (of whom 29 were retreatment and 4 new cases) - 23 (70%, 23/33) have been started on treatment. Please see comparison for the 3Qs in APA2 in the table 2 bellow.		
Training on MDR- and XDR-TB patient management by an international consultant for 6 days.	3.1.10	Training done			Report on training available	Training did not take place during Q3	**Not met**	Training was postponed to July 18-22, 2016 when French-speaking facilitators will be available.
Improved treatment success rate of all notified TB patients and selected risk groups.	3.2.1	Transport of medicines done (2 CPLTs)	Transport of medicines done (3 CPLTs)	Transport of medicines done (2 CPLTs)	Final report available (7 CPLTs)	Transport of medicines done to the 7 CPLTs by CTB.	**Met**	All 7 CTB-supported CPLTs were covered by transportation of TB medicines all the way to the health zones.
Improve MDR- and XDR-TB patient management	3.2.2	Support biological test, audiometric test for 25 MDR- TB patients done	Support biological test, audiometric test for 35 MDR-TB patients done STTA For BDQ project	Support biochemical test, audiometric test 40 for MDR-TB patients done STTA for BDQ project	Final report available	**From Q1 to Q3**: Out of the 421 TB-MDR patients on second line treatment, a support for biological and audiometric tests was provided to 309 (73%, 309/421). 53 MDR-TB cases benefited from nutritional support provided by CTB in the 4 CPLTs (KOO, SKR, MNM and EQE). For patients	**Partially met**	The National Biomedical Institute has been engaged to provide 2nd line DST in Q4. The NLR is expected to start 2nd line DST in APA3

			done	done Support second line DST with INRB for 100 patients done		living in the 3 other CPLTs, this support was provided by Global Fund. -In Q3, 94 % (133/141) MDR-TB patients received biological and audiometric tests. - 24 MDR-TB cases benefited from nutritional support in KOO (13 patients), in SKR (5 patients), in MNM (3 patients), and in EQE (3 patients). -This nutritional support included milk, rice, beans, sugar, cooking oil, maize meal. -2 STTA visits for bedaquiline introduction project were done. - Nadia Aït-Khaled, CTB Union technical advisor (9 to 16 May) and CTB MDR focal point , Stephane Mbuyi (16 to 18 June) visited KNCV the Hague to prepare a protocol for the introduction of MDR-TB short course regimen and of bedaquiline introduction in the 7 CTB-supported CPLTs.		
Improve TB-HIV patient treatment	3.2.3	Quarterly TB-HIV meeting available in the 7 CPLTs	Quarterly TB-HIV meeting available in the 7	Quarterly TB-HIV meeting available in the 7	Final report available	Quarterly meetings in 4 CPLTs: MNM, SKV, SKR, and KOE took place regularly each quarter**.** In each CPLT, the average	**Met**	

			CPLTs	CPLTs		number of participants was 15. In Q2 in the **7 CTB-supported CPLTs**, HIV screening of TB patients remained low: out of 9,648 TB patients, 3,313 (34%: 3,313/9,648) were tested for HIV and 396 were HIV-positive (12%: 3,313/9,648). -The main reason is shortage of HIV test kits. They were supposed to be provided by Global Fund - The link with Global Fund has been strengthened but coverage remains still low. **National** level: out of 31,446 TB patients, 13,163 (42%, 13,163/31,446) were tested for HIV in Q2 and 1,491 were found to be HIV-positive (11%: 1,491/13,163). - Q3 data will be available at the end of July 2016.		

Table 2: Number of confirmed MDR-TB cases in Year 2, Q1 to Q3 in the 7 CTB-supported CPLTs

Q	# pres MDR-TB	#(%) with samples	#(%) with test results	#(%) with M.Tb	#(%) RR	#(%) on Tx
Q1	691	665 (96%)	665 (96%)	175 (25%)	20 (11%)	20 (100%)
Q2	441	267 (93%)	258 (97%)	122 (47%)	29 (24%)	29 (100%)
Q3	1,155	975 (84%)	975 (100%)	206 (21%)	33 (16%)	23 (70%)
Total	**2,287**	**1,907**	**1,898**	**503**	**82**	**72**

Picture 1: Advocacy meeting with the governor and the security committee on TB in Mbuji Mayi prison May 2016 (credit: Dr Valentin Bola)

Figure1: Sputum samples transported for diagnosis/screening and tuberculosis patient treatment monitoring, in Q1, Q2 and Q3

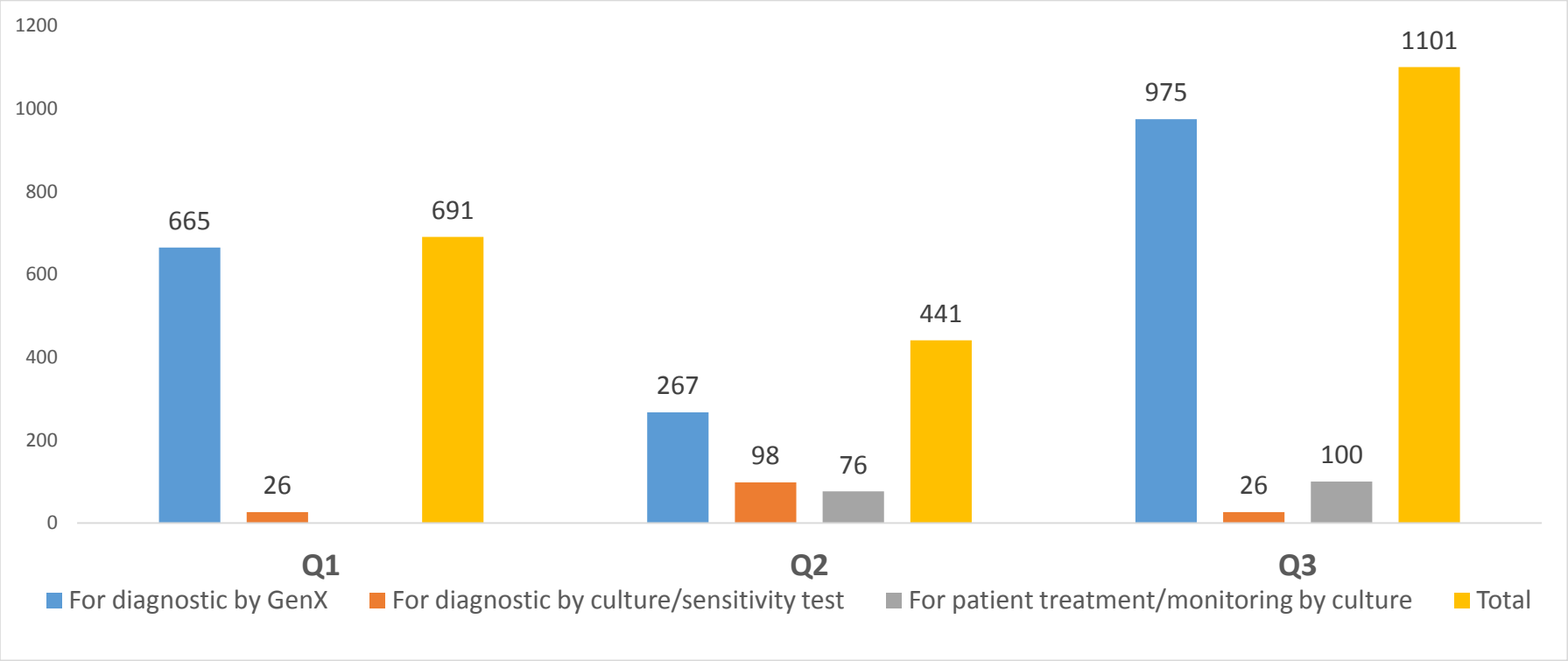
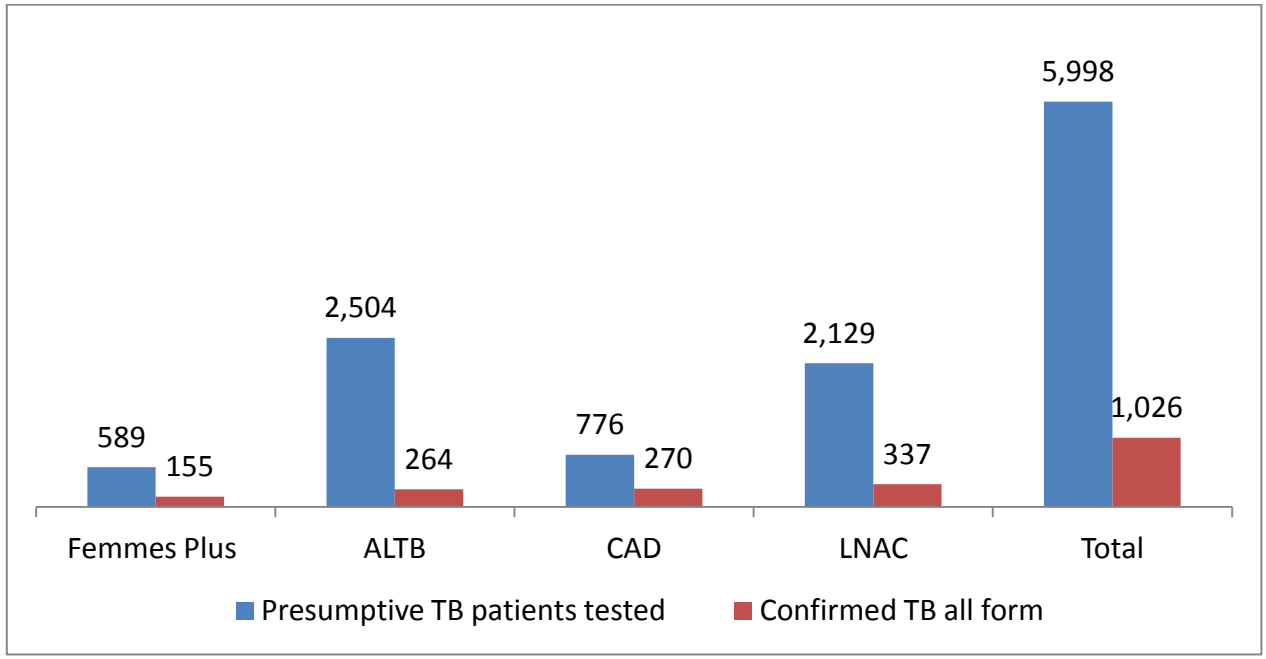


Figure 1 show total number of sputum transported for diagnosis/screening/monitoring have increased in Q3, particularly for diagnostic by Gene Xpert and for patient treatment/monitoring by culture. This situation can be explained by the training of laboratory and health workers for the TB diagnosis and treatment in Q2 – Q3 and conducting regularly "supporting" field missions organised conjointly by NTP and CTB.

Since the start of Year 2, 2,223 sample were transported, 85% (1,907/2,223) of which were for diagnosis by GeneXpert, 7% (150/2,223) for diagnosis by culture, and 8% (176/2,233) for treatment monitoring.

Figure 2: Number of samples collected for active tuberculosis case finding and tuberculosis cases (all forms) identified by the local partner NGOs in Year 2, Q3 in the 7 CTB-supported CPLTs



ALTB (Ambassadeurs de la lutte contre la tuberculose dans le Sud Kivu,), CAD (Club des Amis de Damien), LNAC (Ligue Nationale de la lutte anti Lépreuse et Tuberculeuse du Congo)[1]

ALTB: 11% of examined presumptive TB patients were diagnosed with TB all form (264/2,504)

FP: 26 % of examined presumptive TB patients were diagnosed with TB all form (155/589)

CAD: 35% of examined presumptive TB patients were diagnosed with TB all form (270/776)

LNAC: 16% of examined presumptive TB patients were diagnosed with TB all form (337/2,129)

Table 3: Cascade of the active TB case finding by the local partner NGOs in Year 2, Q1 to Q3 in the 7 CTB-supported CPLTs

NGO	Persons sensitized and screened	Presumptive TB patients referred to CDSTs			Presumptive TB patients tested	Bacteriologically confirmed PTB (smear + and *M. tb* RR-S)		Smear - negative PTB		Extra-pulmonary tuberculosis		TB (all forms)	
		Physically referred	Sputum transported	Total referred		#	%	#	%	#	%	#	%
Femmes Plus	6,258	620	26	646	589	78	*13%*	37	*6%*	40	*7%*	155	*26%*
ALTB	18,183	2,572	73	2,645	2,504	262	*10%*	2	*0,08%*	0	*0%*	264	*11%*
CAD	1,976	753	104	857	776	216	*28%*	40	*5%*	14	*2%*	270	*35%*
LNAC	23,626	2,167	191	2,358	2,129	270	*13%*	25	*1%*	42	*2%*	337	*16%*
Total	50,043	6,112	394	6,506	5,998	826	*14%*	104	*2%*	96	*2%*	1 026	*17%*

Femme Plus: Among the 589 presumed TB examined: 26% of TB all forms were identified (155/589): 13% (78/589) were smear-positive PTB, and 6% (37/589) were smear-negative PTB and 7% (40/589) extra-pulmonary tuberculosis (EPTB)

ALTB: among 2,504 presumed TB patients, there were 10% (262/2,504) smear-positive PTB cases and 0, 08% (2/2,509) were smear-negative PTB.

CAD: Among 776 presumed TB tested, there were 28 % smear-positive PTB (216/776), 5% (40/776) were smear-negative PTB and 2% (14/776) EPTB.

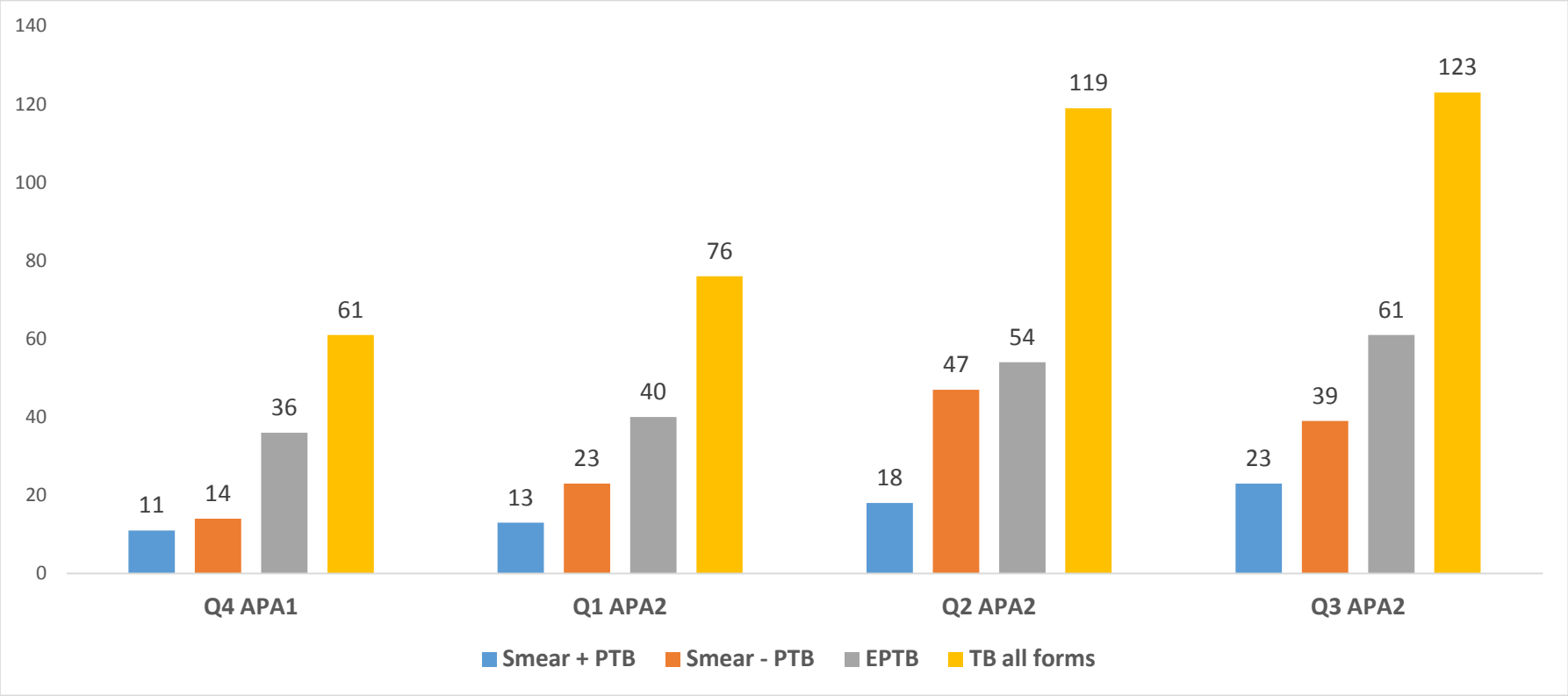
LNAC: Among the 2,129 presumed TB patients who were tested, there were 13% (270/2,129) who had smear-positive PTB, 1% (25/2,129) were smear-negative PTB and 2% (42/2,129) EPTB.

A total of **1,026 TB cases** were identified by the 4 local partner NGOs in Q3: 826 smear-positive PTB, 104 smear-negative PTB, 96 EPTB and no RR patients found. The proportion of diagnosed TB cases was different among persons attended to by the NGOs. This could be due to their different approaches to identification of presumptive TB patients as explained in the Q2 report.

Table 4: The approaches of the 4 NGOs are different and could explain their results as described in the table below :

Table 3 bis: Approaches to identification of presumptive TB patients by the local NGOs	
NGO	**Approach to identification of presumptive TB patients**
Femmes Plus	Sensitization in health facilities among persons living with HIV, in the FP consultation offices (for symptomatic patients living with HIV) and in the general population
ALTB	Interviews of persons living near an index case through a door-to-door approach among hard-to-reach population
CAD	Sensitization of patients in health facilities and CDSTs
LNAC	Sensitization of key vulnerable populations in specific settings, such as schools, prisons, poorest areas

Figure 3: Trend of detection of tuberculosis in children <15 years old in 7 CTB-supported CPLTs before and after training (September 2015 to June 2016)



According to Figure 3, the number of TB cases detected in children <15 increased in Q2 and remained stable in Q3. It is important to note that not all health facilities have started reporting pediatric case. As training and capacity building in data collection and reporting of pediatric cases is expanded the number of facilities reporting is expected to increase. Supportive supervision will help also improve this situation.

Table 5: Tuberculosis case finding in 5 prisons in the CPLT Kasai Oriental Sud and Lomani in Q3, APA2

Prison	Number of prisoners screened	Drug-sensitive TB cases	%	MDR-TB cases	Total TB cases
Mbuji Mayi	620	13	2	0	13
Muene Ditu	124	0	0	0	0
Ngandajika	37	1	3	0	1
Luputa	42	0	2	0	0
Kabinda	NA	0	-	0	0
Lisala	734	6	0.8	0	6
Kananga	600	1	0.2	0	1
Tshikapa	100	6	6	0	6
Sud Kivu (2)	1,881	7	0.3	0	7
Total	4,138	34	0.8	0	34

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Develop health worker TB surveillance guidelines. Add costs for a regional consultant in the budget	5.2.1	1.National workshop done 2. Survey questionnaire available			Report of national workshop and survey questionnaire available	The STTA was carried out by Dr Claude Rutanga from June 13 to 22, 2016. The assessment in the selected hospitals in Kinshasa was done. The survey questionnaire and protocol will be disseminated for comments by the end of July 2016.	**Partially met**	
Conduct a sentinel surveillance study in at least 3,000 HCW annually	5.2.2		Sentinel survey done	1.Data analysis survey done 2.Workshop done	Report of sentinel survey available	Sentinel survey not done	**Not met**	The sentinel survey could be started during Q3, and preparations will continue in Q4 and APA3 after adoption of the protocol that was developed by the STTA done in Q3.

Sub-objective 6. Management of latent TB infection								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Increase case detection in all risk groups	6.1.1		Quarterly report of the childhood TB working group available	Quarterly report of the childhood TB working group available	Final report available	Childhood TB working group is in place since January 21, 2016 with 10 members from NTP, WHO, CTB, Pediatric society, Kalembe lembe hospital, Expand Immunization Program (PEV), National reproductive Health program (PNSR). The group was working on the training module during two workshops in Kinshasa (April 2016 and in Matadi June 22 to 25, 2016).	**Met**	The childhood TB working group will be extended to include partners involved in tuberculosis UNICEF, and Elizabeth Glaser Pediatric Aids Foundation (EGPAF).
Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Assess the financial contribution of private sector.	7.2.1		Report on the task force meeting available		Financial contribution of private sector available	Report on the task force meeting not available	**Not met**	CTB will follow up with NTP about the task force meeting that is expected to take place with GF budget support because NTP has not yet organized this meeting in Year 2.
Sub-objective 8. Comprehensive partnerships and informed community involvement								
Planned Key Activities	Activity	Planned Milestones				Milestone status	Milestone	Remarks *(reason for not*

for the Current Year	#	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016	met? (Met, partially, not met)	*meeting milestone, actions to address challenges, etc.)*
Have available the breakdown of funding by source of the local partner NGOs budgets	8.1.1			USAID questionnaire filled in by the local partner NGOs available	NGOs budget breakdown of funding by source available	N/A	**Not met**	Planned for Q4 (in July during the evaluation of APA2 and planning of APA3 in August).
Improved Global Fund (GF) financial management performance	8.2.1	Summary of monthly meeting with GF, CAG, CARITAS, PNLT, WHO, AD, CTB… available	Summary of monthly meeting with GF, CAG, CARITAS, PNLT, WHO, AD, CTB… available	Summary of monthly reports on the meeting with GF, CAG, CARITAS, PNLT, WHO, AD, CTB… available		With the WHO leadership, the GF-supported activity progress assessment meetings were conducted regularly every last Thursday of the month with the participation of GF, WHO, CAG, CARITAS, Action Damien, and CTB. -19 (5Fand14M) persons attended the meetings. -In Q3, the three meetings focused on drug storage, training of trainers for MDR-TB and pediatric TB, the planned external NTP program review (in October/November 2016), and printing of –TB pediatric, MDR-TB Guidelines and tools. -Activities have been harmonized to avoid	**Met**	

						duplication between GF and CTB.		
Sub-objective 9. Drug and commodity management systems								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Improve procurement and supply chain management	9.1.1		Quarterly report of PATIMED meeting available	Quarterly report of PATIMED meeting available	Final report available	Patimed meeting was held on April 6, 2016 and 14 participants (6F and 8M) attended representing MSH/SCMS, Damien Foundation, WHO, MOH, NTP -The meeting focused on the PATIMED guideline validation and the evaluation of QuanTB software provided by MSH/SCMS. 1,500 guideline will be print by MSH and briefing provided in the 24 provincial coordination leprosy and tuberculosis One staff responsible to fill quantTB software	**Met**	.
Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Improve PNLT data collection through collaboration between the PNLT and the CTB	10.1.1		Report meeting contact				**Not met**	Initial discussions with NTP about the new tools for data collection were held in Q2. Completion is now

Country Director to ensure progress in introduction of electronic TB register and Data Health Information System (DHIS2)			available					deferred to Q4.
Support PNLT data validation	10.2.1	Quarterly data validation done Routine Data Quality Assessment (RDQA) done	Quarterly data validation done Routine Data Quality Assessment (RDQA)	Quarterly data validation done Routine Data Quality Assessmen t (RDQA) Union STTA done	1. Annual report on the CTB data validation and STTA available 2. Routine Data Quality Assessment (RDQA) report available	From February to March, quarterly data validation meetings were conducted in the 7 CTB-supported CPLTs. S 253 participants attended (10F and 243M). -The data collection tools were printed with the CTB support. -The distribution is planned in Q4. A total of 9,648 (31%: 9,648/31,446) TB cases were notified in the 7 CTB-supported CPLTs out of the total notifications of 31,446 at the national level during the first quarter 2016.	**Met**	The STTA consultant, Nico Kalisvaart from KNCV, was identified to assess data quality by using "Standards and Benchmarks for Tuberculosis Surveillance and Vital Registration System". -He was not available during Q3 and the visit will be done in Q4 (August 2016).
Improve operational research	10.2.2	Meeting of the research committee done		Meeting of the research committee done	Final reports available	Meeting of the research committee not done	**Not met**	Due in Q4.

Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks *(reason for not meeting milestone, actions to address challenges, etc.)*
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		

Competent PNLT staff available	11.1.1			Three CPLTs coordinators trained (Union TB Course in Cotonou) 2. Two Coordinators and two PNLT staff registered for The Union World conference	Reports on training are available	The nominations of the three candidates from Kasai, Lomami and CTB focal point from Kasai was made and Drs Florent Longonya, Tridon Iyale, Theddy Kazadi were registered for the TB management course planned for September 2016. -The 2 staff members (Dr Florent Longonya and Mr Eric Mulume of CPLTs (South Kivu and Kasai) and 2 staff members from NTP (Dr Georges Bakaswa Director and Dr David Kadiebwe MDR-TB focal point) are registered for the Union World Lung Conference in October 2016	**Partially met**	.
Enabling environment to support the operations of the PNLT Central Unit, including the NRL, and the 7 CPLT (detailed budget appended)	11.1.2		Support for one quarter available	Support for one quarter available	Quarterly support done for the central unit and for each of the 7 CPLTs	The 42 participants (20 F and 22 M) NTP staff members were trained from January 19-23, 2016 on supervision. -Two NTP members staffs accompanied the CTB staff (MDR-TB focal point and Director) to Kasai Oriental and Maniema on May 3 to 16, 2016. -Main challenges identified: all presumed TB cases are not tested; a	**Met**	Main recommendations to address the challenges identified are: -Ensure regular supervision and on-the-job training of CDSTs by CPLT staff -Reinforce supervision of CDSTs by health zone staff -Accelerate the renewal of microscopes by Global Fund

						large proportion of loss-to-follow up during treatment; direct observed treatment is not always done. -NTP staff supervised the CPLTs of Kasai central, Lisala, Sud kivu from June 1 to 30, 2016. -Challenges identified: poor quality of microscopes used in several facilities (too old); cultures required for treatment monitoring were not done; and information tools incompletely filled. -Vehicle maintenance, fuel supply, and payment of communication expenses was covered in Q3 for the Central Unit and the NRL.		
Improve communication by purchasing a VSAT communication satellite for the PNLT Central Unit and telephones for the Unit and the 7 CTB-supported CPLTs, and purchase of IT equipment.	11.1.3	Support for the PNLT Central Unit and the 7 CTB-supported CPLTs for one quarter available 2. Purchase done			Report available	Support for the NPT and NLR Central Unit and the 7 CTB-supported CPLTs was provided and this support included: payment of fuel fee, and internet communication. 28 phones were provided in June 2016 to CTB staff to be in linked	**Met**	

						with the NTP staff and 90 minutes paid to facilitate communication.		

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient *(i.e., TB NFM - MoH)*	**Average Rating***	**Current Rating**	**Total Approved/Signed Amount****	**Total Committed Amount**	**Total Disbursed to Date**
TBNFM COD T MOH	B2	B2	USD 13,831,917	USD 9,283,00 4	USD 4,872,855
COD T CARITAS	B1	A2	USD 38, 964,682	USD18,557,637	USD 9,013 275

** Since January 2010*
*** Current NFM grant not cumulative amount; this information can be found on GF website or ask in country if possible*

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The Global Fund (GF) disbursement level was 50% in the whole country during this reporting period. The adopted concept note for TB-HIV has been implemented since July 1, 2015. The work plan was developed and it will be followed and evaluated each quarter by the coordinating meeting attended monthly by all partners. The USAID mission suggests hiring PSM staff to cover the Gap in this position using the MSH Government Leadership Management service to recruit this person.

Challenge TB & Global Fund collaboration this quarter – Describe Challenge TB involvement in GF support/implementation

On November 5, 2015, the second year plan was revised in the presence of the leaders of the Global Fund Principal Recipient (Cellule d'Appui à la Gestion financière du Ministère de la Santé), and the NTP to ensure that the support provided is going to be complementary. It turned out that the GF, the DRC government and other partners did not cover all the operational expenses of the NTP. The CTB was requested to fund the gap within the limits of the APA2 budget.

The coordinating meeting was convened regularly by the WHO National Professional Officer and funded by the USAID. The meetings took place every last Thursday of the month at the NTP Head office. Three coordinating meetings of the NTP financial partners were held from April to June 2016. It brought together the key partners and the principal recipients (CARITAS and CAG (Cellule d' Appui à la Gestion du Ministère de la Santé). In April 2016, the meeting was attended by the GF delegation from Geneva (Dr Myriam), Dr Mukadi, the CTB back stop from USAID Washington. During this meeting the following items were discussed: MDR-TB and pediatric TB training agenda, drug storage at Bolloré site, printing data tools, TB-HIV activities, external NTP mid-term review, and debriefing from the Maputo meeting.

During this reporting period, it was decided that CTB should help to support supervision fee at central and provincial level, to fill the gap for training. The NTP can make a request to the mission, the international MDR-TB training planned in July 18-22, 2016 with The Union support will be funded by CTB, and a local team will strengthen training in the provinces. Disbursement of funds was delayed in the provinces due to inadequate report for using GF funding.

4. Success Stories – Planning and Development

Planned success story title:	Successful treatment of MDR-TB patient in Bumba general Hospital, Bumba Health Zone / Ecuador East Province
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	This story describes the first successful treatment of a MDR-TB patient in Equator provinces with Challenge TB support

Status update:

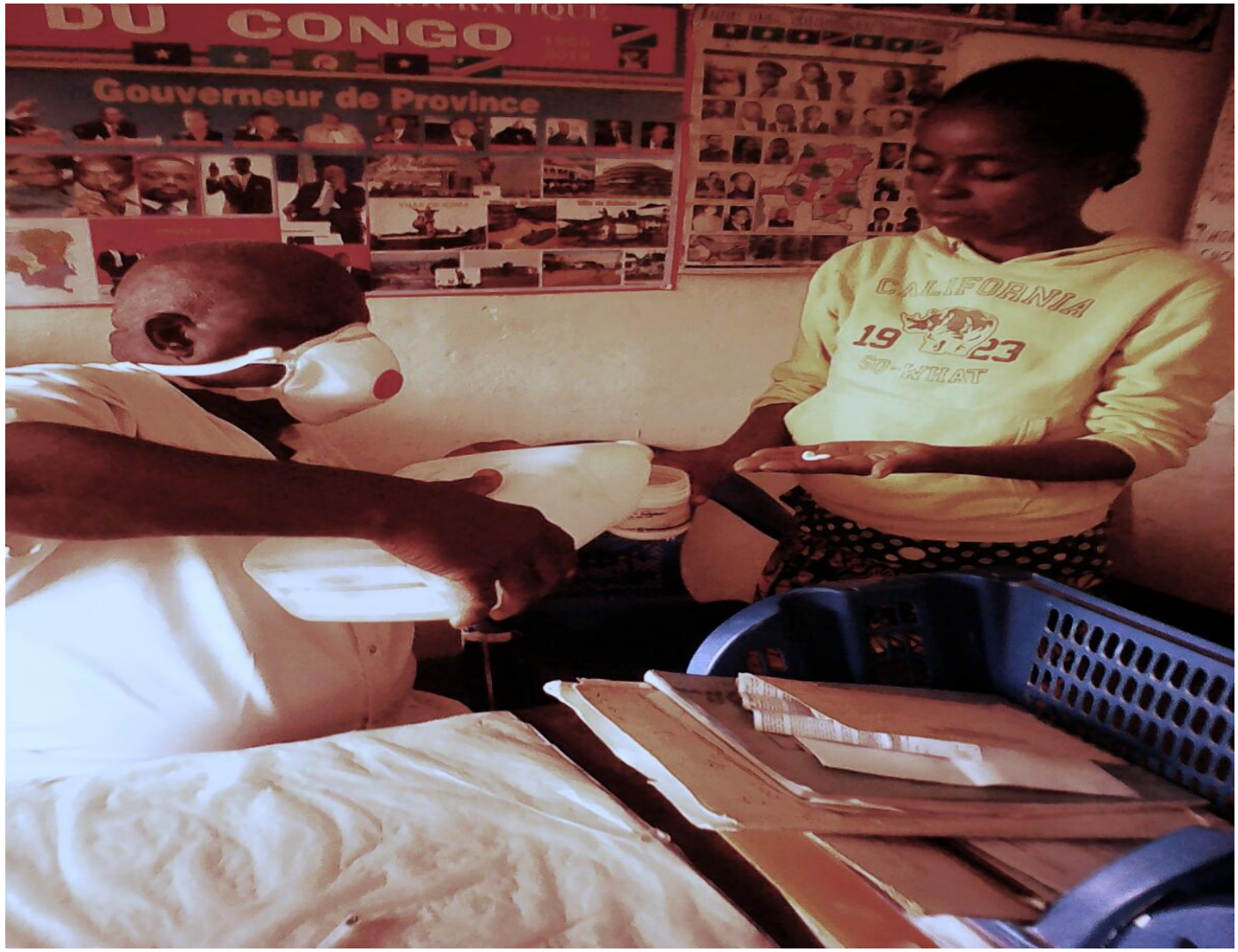
On June 27, 2016, Martha M was declared cured after completing a 20 months treatment course for MDR-TB in Bumba Hospital. "Martha is the first MDR-TB patient declared cured in the province of East Equator (EQE) and gives new hope for other MDR-TB patients living in this province" said André Olenga, the nurse responsible for the TB unit in Bumba general hospital.

This TB unit is located in a remote geographic area, characterized by forest, rivers, wetlands, islands and settlements. Consequently patients have difficult access to health facilities and the management of TB patients faces several major challenges. This is particularly so for MDR-TB patients: very poor access for bacteriological and biological examinations that are required to monitor the treatment, lack of nutritional and social support for patients.

After a previous first line treatment for TB, Martha came back to the hospital with respiratory symptoms and MDR-TB was presumed. Her sputum samples were sent to National Reference Laboratory (NRL) on March 23, 2014. The response diagnosis of MDR-TB was confirmed was sent seven months later due to the logistic problem , in early October 2014. The second-line TB treatment has been initiated during the same month while the patient weighed 36 kg.

Martha M, 37 years old, HIV negative, is a mother of 2 children and during her last illness, she divorced and had another child born. The support provided by Challenge TB from early 2015, gave Martha the opportunity to be cured by the identification of her illness and by supporting her treatment adherence. The supports included payment of transport costs for directly observed treatment (DOT), nutritional support, and the support for sample transport and were crucial to insure Martha's adherence to this long treatment. At the end of her treatment, Martha was cured and her weight was 50kg, and thanks to Challenge TB, her 3 children are not actually orphans.

(This story will be further updated in Q4.)



Picture2: the nurse in charge of TB giving the drugs to Martha for the DOT June 2016 (credit: Dr Papy Lusameso)

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	88	138	In Q2 among 99 MDR-TB patients were identified and 98 patients started treatment and one died before initiating treatment. In Q3, 36 MDR-TB patients have not started their treatment yet. Of them, 10 were diagnosed in the 7CTB-supported CPLTs: 9 in Kasai Oriental and 1 Kasai Occidental. This delay was caused by misunderstanding of the NTP recommendations: health workers requested for the medicines from Kinshasa only after receiving the results of the patient's initial assessment. To decrease this treatment delay in the future, it was decided that the NTP sends small stocks of 2nd line MDR-TB drugs to each CPLT and HCWs were requested to begin treatment immediately after a case has been diagnosed.
Total 2012	133	269	
Total 2013	261	359	
Total 2014	401	432	
Total 2015	476	429	
Jan-Mar 2016	99	98	
Apr-Jun 2016	120	84	
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM) (national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014	0	0	
Total 2015	2	0	
Jan-Mar 2016	0	0	
Apr-Jun 2016	0	0	
Jul-Aug 2016			
To date in 2016			

Table 5.3 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF) (3.1.1)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area *(List each CTB area below - i.e. Province name)*						Data for April to June 2016 will be available in the next quarter according the recording and reporting in timeline.
	Equateur Est	378	387				
	Kasai Occidental Est	1,318	1,416				
	Kasai Occidental Ouest	1,202	1,224				
	Kasai Oriental Sud	3,561	3,738				
	Maniema	853	865				
	Sankuru	659	662				
	Sud Kivu	1,260	1,356				
	TB cases (all forms) notified for all CTB areas	9,231	9,648				
	All TB cases (all forms) notified nationwide (denominator)	30,825	31,446				
	% of national cases notified in CTB geographic areas	30%	31%				
Intervention (setting/population/approach)							
Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention						
	Equateur Est	3	8	9			
	Kasai Occidental Est	7	9	20			
	Kasai Occidental Ouest	24	49	31			
	Kasai Oriental Sud	202	364	281			
	Maniema	18	13	32			
	Sankuru	6	8	13			
	Sud Kivu	6	16	26			
	TB cases (all forms) notified from this intervention	266	467	412			
	All TB cases notified in this CTB area (denominator)	9,231	9,648	NA			

	% of cases notified from this intervention	2,8%	4,8%	NA			
Reported by prisons	CTB geographic focus for this intervention						
	Equateur Est	4	5	6			
	Kasai Occidental Est	6	1	1			
	Kasai Occidental Ouest	8	2	6			
	Kasai Oriental Sud	19	13	14			
	Maniema	4	4	0			
	Sankuru	2	2	0			
	Sud Kivu	NA	5	7			
	TB cases (all forms) notified from this intervention	43	32	34			
	All TB cases notified in this CTB area (denominator)	9,231	9,648	NA			
	% of cases notified from this intervention	0,47%	0,33%	NA			
Community referral	CTB geographic focus for this intervention						
	Equateur Est	35	15	141			
	Kasai Occidental Est	113	2	129			
	Kasai Occidental Ouest	110	26	113			
	Kasai Oriental Sud	48	57	203			
	Maniema	136	46	42			
	Sankuru	61	23	134			
	Sud Kivu	237	164	264			
	TB cases (all forms) notified from this intervention	740	333	1,026			
	All TB cases notified in this CTB area (denominator)	9,231	9,648	NA			
	% of cases notified from this intervention	8%	3%	NA			

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	The Union	Dr Riitta Dlodlo	x				CTB activities monitoring in DRC, induction of new recruits, preliminary discussions on the survey on the transmission of MDR-TB. Support for the CTB local team in drafting activity reports, and discussion of the recommendations made by Dr Mukadi at completion of his visit to DRC.	Completed	From 8/11 to 13/11/2015	5	Visit necessary for CTB staff induction, initial contact with government officials and face-face discussions with the USAID Mission officials and the CTB country director.
2	Union	Prof Nadia Aït-Khaled	x				1.Technical support visits budgeted under S&O	Complete	From March 27- April 5, 2016	10	Completed for Nadia Ait-Khaled.
	Union	Monicah Andefa					. Financial & admin monitoring visits budgeted under S&O	Pending			Postponed in Q4 (August) for Monicah Andefa.
3	Union	Jean Pierre Kabuayi	x				46th World Union conference in Cape Town	Complete	From 3/12 to 9/12 2015	7	2 additional days for The Union meeting
4	Union	Stephane Mbuyi MDR-TB focal point	x				1.46th World Union conference à Cap Town	Complete	From 2/12 to7 /12 2015	5	
5	Union	Alberto Piubello and Nadia Ait Khaled	x				Training on MDR TB and XDR patient management by an international consultant	Pending			Postponed to July 18-22, 2016.
6	Union	Claude Rutanga	x				Develop health worker TB surveillance	Complete	June 13 to 22,	10	Activity postponed to Q3 (May 2016)

							guidelines		2016		and finally carried out June 13-22,2016
7	Union	Drs Marcel Kazadi and Donat Mbombo	x				2.46th World Union conference	Complete	From 2/12 to 6/12 2015	15	Marcel Kazadi representing CPLT of Kasaï Oriental (TB in prison, mining sites) and Donat Mbombo from the CPLT of Lisala, CPLT difficult to access, with low level of detections. Visit to/from Kinshasa fully paid for.
8	Union	Prof Djamel Yala	x				Finalize Laboratory strategic plan	Complete	April 25 to May2, 2016	7	Laboratory strategic plan development and the operational plan will be finalized and approved by the NTP in Q4.
9	Union	Paula Fujiwara, Monicah Andefa, Nadia Ait Khaled		x			Technical support visits, financial &administration monitoring visits	Pending			Postponed to Q3 for Monicah Andefa. Reprogramming for August 16-22, 2016 for Monicah accompanied by Aziz Bouchelaghem in September 2016.
10		Jean Pierre Kabuayi		x			Country Union office meeting in Paris	Complete	April 18 to 25, 2016	8	
11		Jean Pierre Kabuayi and Deputy director		x			Country Director Challenge TB meeting	Complete	June20 to 24, 2016	9	Travel from June18 to 26, 2016. The M&E officer also attended the

											meeting. Visa was no provided for Dr Tatiana Sanda in time, and therefore travel reprogrammed for the induction at PMU in Q4 July 11 to 13, 2016.
12		Yala Djamel		x			Assessment of National Reference Laboratory and Microscopy network	Cancelled			Included in the Laboratory Strategic Plan visit of April to May 2016.
13		Yala Djamel			x		Assessment of Operational Laboratory Plan	Pending			Planned for Q4
14		Nico Kalisvaart (KNCV) and Nadia Ait Khaled (Union)			x		Data quality assessment based on Standards and Planned Benchmarks for tuberculosis	Pending			Planned for Q4 August 12-20, 2016
15		3 CPLT			x		Tuberculosis Management International course in Benin	Pending			Candidates registered and course will be conducted in Benin (September 5-23, 2016). The 3 candidates registered are Dr Florent Longonya from kasai , Dr Tridon Iyale focal point CTB in Kasai, Dr Theddy Kazadi from Lomami province
16		Sandra Kik			x		kjh .Data quality assessment based on	Complete	June 29 to July	15	STTA provided at distance, coordinate

							"Standards and Benchmarks for Tuberculosis Surveillance and Vital Registration System		15,2016		by Sandra Kik assisted by Max Meis and Nadia Ait Khaled
17		Max Meis and Nadia Ait-Khaled				x	APA3 development and Technical assistance	Pending			Planned in Q4 , in August15-19, 2016
18	Initiative Inc	Rebecca Furth			x		Support local NGOs	Pending			Planned in Q4 on July 11 to 29, 2016
Total number of visits conducted (cumulative for fiscal year)								10			
Total number of visits planned in approved work plan								18			
Percent of planned international consultant visits conducted								56%			

7. Quarterly Indicator Reporting

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.		Annually	0	2	'Measured annually'	
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).		Annually	Score not available (SNA)	1/3 = 33%	'Measured annually'	
2.2.7. Number of GLI-approved TB microscopy network standards met		Annually	SNA	SA	'Measured annually'	
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.		Quarterly	0,50% (2014)	1%	Q1-Q3: 0,67% (82/12,326) Q3: 33	
2.4.6. #/% of new TB cases diagnosed		Quarterly	N/A	TBD	503 (26%: 503/1898)	Data from the CPLTs supported

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
using GeneXpert						by CTB until Q3
2.6.4. # of specimens transported for TB diagnostic services		Quarterly	In 2104, 5,368 at national level and 2,148 in the 7 CTB-supported CPLTs	3,600 (in the 7 CTB-supported CPLTs)	1,907 samples transported for TB diagnosis in the 7 CTB-supported CPLTs	
2.6.5. #/% of TB cases detected through a specimen transport system		Quarterly	NA		503 (26%: 503/1898)	No distinction was provided from presumptive TB referred and sputum sample transportation. We reported only the Mtb cases detected through Xpert

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach		Quarterly	National TB (all forms): 116,894 (2014) Private sector: 9,110 (8%) Children: 12,785 (11%) 7CTB CPLTs: 34,540 Private sector: N/A Children: 4,239 (12%) CTB- ACF initiative: N/A	6527 (13%) children Private sector: TBD ACF: TBD	TB cases notified from October 2015 to March 2016 (data for April-June 2016 not available): At the national level: TB all forms: 62,271 Children: 6,774 (11%) In the 7 CTB-supported CPLTs (from Jan-March 2016): TB all forms : 18,879 Children: 2,442 (13%) Private sector: 879	Refer to Table 5.2 for more information

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
					CTB -ACF Initiative: 1,435 Prisons : 66 Childhood: 206(8 health facilities in one CPLT)	
3.1.4. Number of MDR-TB cases detected		Quarterly	405 RR-TB of which 126 (31%) in the 7 CTB-supported CPLTs	100 in the 7 CTB-supported CPLTs out of 450 at national level	82 RR-TB cases detected in the 7 CTB-supported CPLTs from October 2015 to June 2016.	
3.1.13. #/% of presumptive TB patients referred by community referral systems		Quarterly	?	40,800 Number (10 %)	6,506 presumptive TB patients referred from communities through sensitization efforts of the 4 local partner NGOs under Global Health Workplan	
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).		Quarterly	98,633/110,943 89% and 30,702/33,837 91% in the 7 CPLT	90%	Success rate of TB patients (TB all forms) registered from October 2014 to March 2015 : -**National** : 88% (41481/47,018) -**in the 7 CTB-supported CPLTs** : 89% (12,433/13,959) Data not available by setting and/or by population.	
3.2.4. Number of MDR-TB cases initiating second-line treatment		Quarterly	436 in 2014 and 126 in the 7 CTB-supported CPLTs	100 in the 7 CTB-supported CPLTs out of 450 at national level	72 MDR-TB line treatment and 10 are awaiting treatment in the 7 CTB-supported CPLTs Among the 82 MDR TB detected since October 2015 ,	10 from the 7 CPLTs. (9 in Kasai oriental et 1 kasai occidental). This was caused by a wrong interpretation by the health worker who was waiting the biological initial examination

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
					72 are on treatment Q1:20 MDR TB, all treat Q2: 29 MDR TB all treat Q3: 33 MDR TB, 23 treat	statement
3.2.7. Number and percent of MDR-TB cases successfully treated		Quarterly	162 (60%) among patients treated with the WHO-recommended 24 months regime and 57 (83%) among patients who received the 9 months. 17 successfully treated patients out of 29 patients treat (58%) in the 7 CTB-supported CPLTs	? 43 (70%) in the 7 CTB-supported CPLTs	71% (12/17) cohort of 2013	
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register		Quarterly	46% (71,178/116,894) at national level; 27 % in the 7 CTB-supported CPLTs (9,232/34,525) in 2014	50%	From October 2015 r to March 2016 : National:46% (28,545/62,271) In the CTB-supported 7 CPLTs 30% (5,621/18,879)	In the 7 CPLTs, no improvement for the following reasons: lack of availability of HIV test in the CPLTs and no TB/HIV activities implemented in 76 ZS among the 159 CTB supported ZSs

Sub-objective:	5. Infection control					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
5.1.4. % of TB service delivery sites in a specific setting (ex, prison-based, hospital-based, private facility) that		Annually	Not available	will be collected via sentinel sites	'Measured annually'	

Sub-objective:	5. Infection control					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
meet minimum infection control standards						
5.2.3. Number and % of health care workers diagnosed with TB during reporting period		Annually	0,80%	Risk assessed at sentinel survey sites	'Measured annually'	

Sub-objective:	6. Management of latent TB infection					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
6.1.11. Number of children under the age of 5 years who initiate IPT		Quarterly	Not available		NA	Data will be available at least end of June 2016. It will be reported in Q4

Sub-objective:	7. Political commitment and leadership					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
7.2.3. % of activity budget covered by private sector cost share, by specific activity		Annually	Not available		'Measured annually'	

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
8.1.3. Status of National Stop TB		Annually	0		'Measured annually'	

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
Partnership						
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources		Annually	Not available	% available	'Measured annually'	
8.2.1. Global Fund grant rating		Annually	B1	A	'Measured annually'	

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)		Quarterly	1 stock out at central level of more than 30 days		No stock out describe, all drug received during the Q3.	

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
10.1.4. Status of electronic recording and reporting system		Annually	1		'Measured annually'	
10.2.1. Standards and benchmarks to certify surveillance		Annually	NO	Yes	'Measured annually'	Nico's planned visit in Q4

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
systems and vital registration for direct measurement of TB burden have been implemented						
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)		Annually	0	0	'Measured annually'	
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)		Annually	NO	NO	'Measured annually'	

Sub-objective:	11. Human resource development					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
11.1.2. % of planned supervisory visits conducted (stratified by NTP and Challenge TB funded)		Quarterly	ND	100%	107% (16 CPLTs supervised out of the 15 planned) October 2015 to June 2016)	
11.1.4. % of funding programmed at country level vs. headquarters		Annually	ND	64%	'Measured annually'	

Sub-objective:	11. Human resource development					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
11.1.5. % of USAID TB funding directed to local partners		Annually	0%	19%	'Measured annually'	
11.1.3. # of healthcare workers trained, by gender and technical area		Quarterly	N/A	650 community members (250 F+/LNAC, 350 CAD/AM) and 633 NTP health care worker (548 laboratory technician, 40 nurses, 45 doctors	943 community members (371F and 569M) Health care worker 171 trained (26 F and 145 M) Lab technician 552 (48F and 504M) TB pediatric 60 (24F and 36M)	